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CONFIRMATION NO. 9506

<b>SERIAL NUMBER</b> 10/544,229	<b>FILING OR 371(c) DATE</b> 09/02/2005 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 059277-0129
<b>APPLICANTS</b> Yoko Hirohara, Tokyo, JAPAN; Toshifumi Mihashi, Tokyo, JAPAN;  <b>** CONTINUING DATA *****</b> <i>YES m</i> This application is a 371 of PCT/JP04/00794 01/29/2004 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-25428 02/03/2003 <i>YES m</i> JAPAN 2003-134829 05/13/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/06/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 27
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 22428				
<b>TITLE</b> Ophthalmic data measurement device, ophthalmic data measurement program, and eye characteristic measurement device				
<b>FILING FEE RECEIVED</b> 1580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	